pleasant to know that the new hospital has more than twice the number of beds available at the old hospital in Townsend Street.

The hospital includes the following :—

A large Ante-Natal Out-Patient Department, where expectant mothers attend for advice and treatment. Here also mothers are encouraged to bring their babies periodically after they leave the hospital, for examination and advice.

Labour Suites where the confinements take place. These constitute a separate nursing unit with its own staff. There are four one-bed wards in which patients may spend the early stage of labour. In addition to the labour wards, which are equipped in all respects like operating-theatres, there is a theatre for cases which require operation, such as cæsarean section, etc.

There are two maternity ward units, each of twenty-one beds, and a number of small wards. Each bed has its own light, and there is a push-bell which causes an indicator to buzz in the nurses' duty room, and lights an electric lamp to indicate from which bed the call comes.

A series of nurseries for infants is also installed. The nurseries form a separate unit under the charge of a sister, and are under the general supervision of a pædiatrician. As no visitors are allowed to enter the nurseries, inspection windows are provided for interested relations. There are four nurseries for healthy babies, one for premature infants, and two for sickly infants who for any reason require isolation. Specially constructed trolleys carry the infants, in groups of four, to their mothers at stated intervals. The design of the nurseries is new in this country.

A special feature of the hospital is the complete separation of septic and other abnormal cases in isolation wards. These wards are provided with their own theatre, treatment room, nursery, and staff. They have been named after the late James Rea, of Belfast, who through his executors bequeathed the sum of £25,000 towards the erection of the hospital.

The educational side of the hospital has been fully developed. It comprises a classroom for the instruction of nurses and students, study rooms, accommodation for post-graduate workers, and laboratory for bacteriological and biochemical examinations.

The entrance hall, too, is worthy of special mention. It has been made beautiful by a carved stone plaque, by Miss Praeger of Holywood, symbolical of Maternal Love. This plaque is the gift of Mrs. Maitland Beath, as a memorial to her father and mother, Mr. and Mrs. R. M. Young.

R. H. H.

THE LISBURN AND DISTRICT MEDICAL GUILD

THE annual meeting of the Guild was held during April at Dr. Hunter's, Dunmurry. Dr. Colquhoun was elected president, and Dr. Peatt was again elected secretary and treasurer. The report and statement of accounts having been accepted and passed, Mr. H. C. Lowry was called upon to deliver his paper : "Some Obstetric

Difficulties in General Practice." Mr. Lowry dealt with the breech with extended legs, and the difficulties which arise in these cases. With regard to the etiology, he declared that in his experience it occurred practically always in primigravidæ. In a series of twenty-three cases delivered personally by him, all but two had been primigravidæ. Contracted pelvis seemed to be a factor in a number of cases, but not contraction of a major degree. The diagnosis, both before and during labour, is difficult for the following reasons : (1) The presenting part is deep in the pelvis, and is therefore difficult to palpate per abdomen; (2) fœtal heart is usually heard at the same level as in a vertex presentation; (3) when the legs are extended, the arms are usually extended also and tend to mask the head. There is, however, a stiffness and want of mobility about the fœtus which is not present in a vertex or in an ordinary breech presentation.

Except in a very difficult patient, a vaginal examination should settle the question in the majority of cases, whether the legs are extended or not.

If an attempt at external version fails, one should be very suspicious that it is an extended breech, and an X-ray picture will be very helpful : it will confirm or disprove extension of legs.

During labour the diagnosis per abdomen is very difficult, and a vaginal examination is essential. If the cervix will admit one or two fingers, a definite diagnosis can be made.

With regard to the treatment, some obstetricians, particularly American, regard this complication as an indication for cæsarean section. This is hardly justifiable except in cases where there is some other factor present, such as a contracted pelvis, elderly primigravida, large child, or where for some reason one must make as sure as possible of delivering a living child. Induction of labour ten to fourteen days before term is sometimes useful, and should be considered. There is no doubt that the chances for the baby are diminished if it weighs much over eight pounds.

During labour the patient should be kept in bed and given a sedative, either hyosine or morphia and mogresium sulphate followed by rectal ether. These cases are always prolonged, and the patient becomes tired out. Sedatives, if judiciously used, do not prolong labour and do not cause post-partum hæmorrhage.

In the actual management of these cases there are three lines of treatment :—

(1) Leave alone and allow patient to deliver herself with the legs still extended, or deliver by traction in the groins. This is not recommended, as the patient seldom delivers herself unless the body is very small. Groin traction is very tiring to the accoucheur's fingers and wrists. A piece of stout rubber tubing may be used for traction, but it is difficult to place in position.

(2) Bring down a leg as soon as sufficient dilatation occurs, and leave to nature. The drawback to this method is that it requires two anæsthetics and two interferences.

(3) The best method is to leave until fully dilated, then bring down the legs and proceed with the delivery; in these cases the arms are usually extended whether the legs are pulled or not. In bringing down legs, the patient must be well anæsthetized

and the anterior leg brought down first. If there is any difficulty in doing this, have the patient placed in the left lateral position, which encourages the presenting part to fall away out of the pelvis, and so gives more room. After bringing the arms down, the delivery is completed in the ordinary way. Smellie's method is the one most commonly employed.

Maternal complications may be classified as follows :—

1. *Lacerations.*—Extensive vaginal and perineal tears may be minimized by doing an epidiotomy at the beginning of the delivery. The laceration tends to occur when bringing down the arms and legs.

2. *Retained placenta, post-partum hæmorrhage, and obstetrical shock.*—It is not uncommon to get this complication, as the patient has usually had a long labour and a fairly long anæsthetic. After the placenta has been expressed or removed manually, the usual treatment for post-partum hæmorrhage should be commenced : hot douche at 118°F., pitourin ½ c.c. plus ergot aseptic (P. D. & Co.) 1 c.c.; raise foot of bed; warmth; morphia ¼ gr.

In addition to these routine measures, the intravenous injection of 50 to 100 c.c. of fifty per cent. glucose is good treatment. It should be given slowly.

Carmine 3 to 5 c.c. may be given intravenously if deemed necessary, or 3 c.c. of caffine sodium benzoate. If the patient has lost a large amount of blood and needs fluid, one pint of gum saline, or one pint of 5 per cent. glucose, should be given.

Fœtal complications may also occur. The baby may need to be resuscitated. All vigorous methods are contracted, as the baby is shocked. It should be wrapped up in a warm blanket and handled as little as possible. The air passages should be cleared. Brandy may be applied to the lips and gums. Carmine ½ to 1 c.c. may be given intra-muscularly or intra-cardially. CO_2 may be given to stimulate respiration, or a mixture containing ninety-three per cent. oxygen and seventy per cent. carbon-dioxide : with this it is impossible to give an overdose of CO_2. Lobeline by injection is sometimes used. Hot baths at 105°F. may be tried.

J. W. Peatt, *Hon. Secretary.*

Railway Street, Lisburn.

APPOINTMENTS

W. Waring Bassett, M.B., F.R.C.S.I., has been appointed Chief Medical Officer to the Lurgan Infirmary.

P. T. Crymble, M.B., F.R.C.S.Eng., has been appointed Professor of Surgery, Queen's University, Belfast.

H. P. Hall, M.B., M.Ch., has been appointed Visiting Surgeon to the new Dufferin Hospital, Belfast Infirmary.

H. P. Malcolm, M.B., M.Ch., has been appointed Lecturer in Operative Surgery, Queen's University, Belfast.

C. J. A. Woodside, M.B., F.R.C.S.I., has been appointed Lecturer in Applied Anatomy, Queen's University, Belfast.